

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent

Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS <u>4001 Hubbard St.</u>					
CITY <u>Los Angeles</u>		ZIP <u>90023</u>			
SIZE OF LOT <u>29</u>		NO. OF BLDGS. NOW ON LOT			
TRACT	BLOCK	LOT NO.			
OWNER <u>Margarita H. Quintana</u>		TEL. NO. <u>262-7009</u>			
ADDRESS <u>4001 Hubbard St.</u>					
CITY <u>Los Angeles Ca.</u>		ZIP <u>90023</u>			
ARCHITECT OR ENGINEER		TEL. NO.			
ADDRESS					
CONTRACTOR <u>Ventura Triana</u>		TEL. NO. <u>262-7009</u>			
ADDRESS <u>530 Kern St.</u>		LIC. NO. <u>family</u>			
CITY <u>Los Angeles</u>		ZIP <u>90022</u>			
SQ. FT. SIZE <u>28 x 6</u>	NO. OF STORIES <u>1</u>	NO. OF FAMILIES <u>1</u>	CHECK ONE		
DESCRIPTION OF WORK			NEW <input type="checkbox"/>		
<u>Add porch to front of house.</u>			ADD <input checked="" type="checkbox"/>		
			ALTER <input type="checkbox"/>		
			REPAIR <input type="checkbox"/>		
			DEMOL <input type="checkbox"/>		
USE OF EXISTING BLDG. <u>home</u>					
APPLICANT (PRINT) <u>Margarita H. Quintana</u>		TEL. NO. <u>262-7009</u>			
ADDRESS <u>4001 Hubbard St. L.A. Ca. 90023</u>					
PRESENT BUILDING ADDRESS					
LOCALITY					
MOVING CONTRACTOR			TEL. NO.		
ADDRESS					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$		Permit Fee <u>38.25</u>			
		Issuance Fee <u>13.00</u>			
Investigation Fee		Total Fee <u>51.25</u>			
BUILDING ADDRESS <u>4001 Hubbard St.</u>					
LOCALITY <u>ECLA</u>					
NEAREST CROSS ST. <u>Yage Ave.</u>					
ASSESSOR MAP BOOK		PAGE		PARCEL	
USE ZONE <u>R-4</u>	MAP NO. <u>3214</u>				
SPECIAL CONDITIONS					
DISTRICT <u>6.0</u>	GROUP <u>R3</u>	TYPE CONST. <u>IV</u>	FIRE ZONE <u>III</u>	PROCESSED BY <u>E.B.</u>	
STATISTICAL CLASSIFICATION			APT.	CONDO.	
CLASS NO. <u>21</u>			DWELL. UNITS		
SEWER MAP					
BK. PG.					
VALUATION					
\$ <u>1100</u>					
\$					
FINAL DATE <u>2/25/89</u>					
FINAL By <u>CP</u>					
LDMA Ref. #					
LDMA P/C #					
LDMA Perm. #					

SEE REVERSE FOR EXPLANATORY LANGUAGE

60.25
51.25
9.00

INSPECTOR COPY

9386
#00001
1005125
0005123
1010089

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Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

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Lender's Address _____

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Margarita Quintero 11-9-89
 Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					BUILDING ADDRESS	
BUILDING ADDRESS <u>4001 Hubbard St.</u>					<u>4001 Hubbard St.</u>	
CITY <u>Los Angeles</u> ZIP <u>90023</u>					LOCALITY <u>EZA</u>	
SIZE OF LOT NO. OF BLDGS. NOW ON LOT					NEAREST CROSS ST. <u>Maple Ave.</u>	
TRACT	BLOCK	LOT NO.			ASSESSOR MAP BOOK	PAGE
OWNER <u>MARGARITA QUINTERO</u> TEL. NO. _____					USE ZONE <u>R4</u>	MAP NO. <u>3214</u>
ADDRESS <u>4001 Hubbard St.</u>					SPECIAL CONDITIONS	
CITY <u>EZA</u> ZIP <u>90023</u>						
ARCHITECT OR ENGINEER TEL. NO. _____					DISTRICT <u>6.0</u>	GROUP <u>R3</u>
ADDRESS					TYPE CONST. <u>V</u>	FIRE ZONE <u>III</u>
CONTRACTOR <u>Owner</u> TEL. NO. _____					PROCESSED BY <u>EB</u>	
ADDRESS _____ LIC. NO. _____					STATISTICAL CLASSIFICATION	
CITY _____ LIC. CLASS _____					CLASS NO. <u>21</u>	DWELL. UNITS _____
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE		APT. _____ CONDO. _____	
DESCRIPTION OF WORK <u>Strip</u>			NEW <input type="checkbox"/>		SEWER MAP	
<u>Corner and re-roof.</u>			ADD <input type="checkbox"/>		BK. _____ PG. _____	
			ALTER <input type="checkbox"/>		VALUATION	
USE OF EXISTING BLDG.			REPAIR <input checked="" type="checkbox"/>		\$ <u>1,000 -</u>	
APPLICANT (PRINT) <u>MARGARITA QUINTERO</u> TEL. NO. <u>262-7009</u>			DEMOL <input type="checkbox"/>		\$ _____	
ADDRESS <u>SAME</u>					FINAL DATE <u>2/28/90</u>	
PRESENT BUILDING ADDRESS _____					FINAL By <u>CB</u>	
LOCALITY _____						
MOVING CONTRACTOR TEL. NO. _____						
ADDRESS _____						
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE		EXIST. WIDTH	
FRONT P.L.						
SIDE P.L.						
P.C. Fee \$			Permit Fee <u>30.50</u>		LDMA Ref. #	
			Issuance Fee <u>13.00</u>		LDMA P/C #	
Investigation Fee			Total Fee <u>43.50</u>		LDMA Perm. #	

SEE REVERSE FOR EXPLANATORY LANGUAGE

45.00
 43.50
 1.50

VALIDATION

200468
 #00001
 1004350
 00043504
 1109089

INSPECTOR COPY

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